

Fax Cover Sheet



Diagnostics

To: Michael A. Chambers Group 3753
U.S. Patent and Trademark Office
Tel. (571) 272-7908
Fax (571) 273-4908

Copies:

From: Marilyn L. Amick Roche Diagnostics Corporation
Tel. (317) 521-7561
Fax (317) 521-2883

Date: September 25, 2006

No. of pages: 12. (incl. cover sheet)

Re: U.S. Patent Application Serial No. 10/525,4000, Filed February 23, 2005
Entitled: *Microfluid system with high aspect ration*
Our Ref: 21289 US

Responsive to telephone conversation of August 16, 2006, attached please find the following:

- Executed Declaration and Power of Attorney (3pp in triplicate);
- Issue Fee

Sincerely,

Marilyn L. Amick
Reg. No. 30,444
Roche Diagnostics Operations, Inc.
Tel: 317-521-7561
Fax: 317-521-2883

Attachments

WEMMH SB/01 (12-03)

Approved for use through 10/31/2002, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	WP21289US
<input type="checkbox"/> Declaration Submitted With Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)	First Named Inventor	Gregor Ocvirk
		COMPLETE IF KNOWN	
		Application Number	10/525,400
		Filing Date	August 21, 2003
		Art Unit	3753
		Examiner Name	TBD

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MICROFLUIDIC SYSTEM WITH HIGH ASPECT RATIO

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
DE 10238825.3	Germany	08/23/2002		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

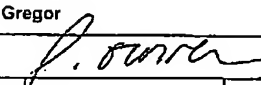
Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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PCT/EP03/09263		08/21/2003					
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OR							
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Name		Registration Number		Name		Registration Number	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number Bar Code Label 23690 OR <input type="checkbox"/> Correspondence address below							
Name		Marilyn L. Amick					
Address		Roche Diagnostics Operations, Inc.					
Address		9115 Hague Road					
City		Indianapolis		State		IN	
Country		USA		Telephone		317-521-7561	
				ZIP		46250	
				Fax		317-521-2883	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name (first and middle (if any))				Family Name or Surname			
Gregor				.Ocvirk			
Inventor's Signature					Date		August 10 2006
Residence		City Mannheim		State		Country	Germany
Post Office Address		Waldshuter Str. 6					
Post Office Address		Waldshuter Str. 6					
City		Mannheim		State		ZIP	68239
				Country		Germany	
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

ADDITIONAL INVENTOR(S)
Supplemental Sheet
PTO/SB/02A

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.									
Given Name (first and middle (if any))						Family Name or Surname					
Carlo						Effenhauser					
Inventor's Signature								Date			
Residence	City	Weinheim	State		Country	Germany	Citizenship	German			
Post Office Address		Am Ziegelhof 4									
Post Office Address		Am Ziegelhof 4									
City	Weinheim	State		ZIP	69469	Country	Germany				
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Karl-Heinz						Koelker					
Inventor's Signature								Date			
Residence	City	Gruenstadt	State		Country	Germany	Citizenship	German			
Post Office Address		Triftweg 31									
Post Office Address		Triftweg 31									
City	Gruenstadt	State		ZIP	67269	Country	Germany				
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number	WP21289US
<input type="checkbox"/> Declaration Submitted With Initial Filing	<input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.18 (e) required)	First Named Inventor	Gregor Ocvirk
		COMPLETE IF KNOWN	
		Application Number	10/525,400
		Filing Date	August 21, 2003
		Art Unit	3753
		Examiner Name	TBD

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MICROFLUIDIC SYSTEM WITH HIGH ASPECT RATIO

(Title of the invention)

the specification of which

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OR

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DE 10238825.3	Germany	08/23/2002		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
PCT/EP03/09263	08/21/2003	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

☒ Customer Number

23690

Place Customer Number
Bar Code Label Here

OR

☐ Registered practitioner(s) name/registration number listed below.

Name	Registration Number	Name	Registration Number

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Direct all correspondence to: ☒ Customer Number Bar Code Label 23690 OR ☐ Correspondence address below

Name	Marilyn L. Amick				
Address	Roche Diagnostics Operations, Inc.				
Address	9115 Hague Road				
City	Indianapolis	State	IN	ZIP	46250
Country	USA	Telephone	317-521-7661	Fax	317-521-2883

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any])				Family Name or Surname				
Gregor				Ocvirk				
Inventor's Signature						Date		
Residence	City	Mannheim	State		Country	Germany	Citizenship	Austrian
Post Office Address	Waldshuter Str. 6							
Post Office Address	Waldshuter Str. 6							
City	Mannheim	State		ZIP	68239	Country	Germany	

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Carlo					Effenhauser				
Inventor's Signature		<i>Carlo Effenhauser</i>				Date		<i>Aug. 10, 2006</i>	
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